DECLARATION AND POWER OF ATTORNEY

	As helow-named inventors being duly	y sworn, We depose and say that our residence,	
L		ow. We believe We are the original and first and	
2		ch is claimed and for which a patent is sought on	
		on is claimed and for which a pacent is sought on	
F-9	the invention entitled WRIST PIN		
•	the specification of which		
	(check one) [] is attached hereto.		
	[] was filed on	, as Application Serial No.	
		amended on(if applicable).	
	We hereby state that We have reviewe	ed and understand the contents of the above-	
	identified specification, including the cl	laims, as amended by any amendment referred to	
	above. We acknowledge the duty to disclos		
		ance with Title 37, Code of Federal Regulations,	
	section 1.56(a).	, ,	
		nefits under Title 35, United States Code, section	
		ent or inventor's certificate(s) listed below and	
		plication for patent or inventor's certificate	
		oplication on which priority date is claimed:	
	having a fiffing date before that of the ap	ppricacion on which priority date is craimed.	
	DRION HORE	RIGN APPLICATION(S)	
	Application No:	Application No:	
	Country:	Country:	
	Date of Filing:	Date of Filing:	
		itle 35, United States Code, section 120 of any	
	United States application(s) listed below	and, insofar as the subject matter of each of the	
		ed in the prior United States application in the	
		Title 35, United States Code, section 112, We	
		information as defined in Title 37, Code of	
		n occurred between the filing date of the prior	
	application and the national or PCT intern	national filing date of this application:	
		- 1	
	60/444,421 February 3,		
	(Application Serial No.) (Filing Da	te) (Status-Patented/Pending/Abandoned)	
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	(Application Serial No.) (Filing Da	te) (Status-Patented/Pending/Abandoned)	
		ts made herein of our own knowledge are true and	
		nd belief are believed to be true; and further	
		knowledge that willful false statements and the	
		prisonment, or both, under Section 1001 of Title	
		n willful false statements may jeopardize the	
	validity of the application or any patent issued thereon. We hereby appoint Jon E. Shackelford, Reg. No. 36,003, and Robert L. Stearns, Reg. No. 36,937 registered Patent Attorneys, as our attorneys with full power of substitution		
		cion and to transact all business in the Patent	
		We request the Patent and Trademark Office to	
		alls relative to this application to Robert L.	
	Stearns, 39400 Woodward Ave., Bloomfield H	Hills, Michigan 48304-5151, Phone 248-645-1483.	
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Signature:	Signature
Date:	Signature:
	Date:
Full Name: Residence:	Full Name:
	Residence:
City, State, Zip:	City, State, Zip:
Country: Citizenship:	Country:
P.O. Address:	Citizenship:
P.O. Address:	P.O. Address:
Signature:	Signature:
Date:	Date:
Full Name:	Full Name:
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City, State, Zip:	City, State, Zip:
Country:	Country:
Citizenship:	Citizenship:
P.O. Address:	P.O. Address:
Signature:	Signature:
Date:	Date:
Full Name:	Full Name:
Residence:	Residence:
City, State, Zip:	City, State, Zip:
Country:	Country:
Citizenship:	Citizenship:
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L.O. AUGLESS.	F.U. MULLESS: